

DISTRICT OF COLUMBIA



CHILD HEALTH CERTIFICATE & ORAL HEALTH ASSESSMENT REFERENCE MANUAL:

*A New Approach to Assessing the Health Status of Children
Enrolling in Child Related Educational Programs*

EXECUTIVE SUMMARY

June 2004

FOREWORD

I take great pleasure in introducing the new District of Columbia Child Health Certificate (CHC) and Oral Health Assessment (OHA) Forms for use when enrolling all District of Columbia children in public and private schools, Head Start, childcare, camp, after school, and athletic programs. The purpose of the new forms is to improve the efficiency with which we assess the health status of children enrolling in child related educational programs in the District and to make the process more convenient for parents and providers.

The new forms were developed with the collaborative efforts of governmental and community agencies, health professionals and stakeholders, all committed to improving the health and well-being of children in the District of Columbia.

We all recognize the importance of keeping our children healthy so that they are well prepared for school and support the Chief Medical Officer of the District of Columbia Department of Health in his recommendation that all children have an annual comprehensive physical examination with age-appropriate screenings and an annual oral health examination. Beginning in summer 2004, the new forms will be available for use and can be accessed online at www.dchealth.dc.gov.

We will continue to form partnerships and work with public and private agencies to facilitate gathering relevant health information on our children that will enable us to effectively plan, develop and implement programs and advocate for policies that will ultimately improve the quality of life of our children, youth, families and communities.

I hope that this new and improved process will be more convenient and the new forms simpler to use when enrolling children in pre-school, school, and recreational programs.

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Mayor, District of Columbia

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I. INTRODUCTION

Improving the health and well being of all children in the District of Columbia is a top priority and an integral part of Mayor Anthony A. Williams' citywide strategic plan for strengthening children, youth, families and communities. Healthy children are more adequately prepared for school and for successfully transitioning into adulthood and becoming productive contributors to society.

In order to ensure that all children receive equitable access to comprehensive, quality public health services, it is important to focus on prevention and the promotion of healthy lifestyles and behavior practices. In addition, a coordinated network of interrelated systems and policies must be developed and implemented to address the needs, remove barriers for accessing and receiving quality care, managing data, and annually reporting progress to the community.

The District of Columbia Department of Health, along with the collaborative efforts of a multidisciplinary Universal Health Assessment Task Force developed and restructured the District's School Health enrollment process, which resulted in the creation of two new forms, the Child Health Certificate Assessment Form (CHC) and the Oral Health Assessment Form (OHA)-**see Appendix A & B respectively**. The OHA, formerly known as the Dental Appraisal Form, is to be completed by a dentist and used for oral health exams on all children three years of age and older.

The forms were created to simplify and improve the child related educational program health status enrollment process, and to better facilitate the collection and management of relevant health data to assist the Department of Health with better program planning, policy development and implementation. The forms are consistent with the standards and schedules of the American Academy of Pediatrics (AAP), the American Dental Association (ADA), and the American Academy of Pediatric Dentistry (AAPD), and will be required to enroll District of Columbia children, from birth through twenty one years of age, in all child related educational programs including **DC Public Schools, Head Start, Childcare, Camp, After School and Sports/Athletic Programs**.

The Department of Health will continue to work with stakeholders and public and private community partners to ensure that the District's children have timely access to preventive services and quality health care that result in improved health outcomes for children, youth, families and our communities.

II. CONFIDENTIALITY

The information contained in the Child Health Certificate (CHC) and Oral Health Assessment (OHA) forms will be available only to public health and education personnel that have a legitimate interest in the well being of children in the District of Columbia.

The U.S. Department of Health and Human Services (DHHS) has addressed confidentiality concerns with new privacy standards that set a national minimum of basic protections, while balancing individual needs with those of society. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was adopted to ensure health insurance coverage after leaving an employer and also to provide standards for facilitating healthcare related electronic transactions. To improve the efficiency and effectiveness of the health-care system, HIPAA included administrative simplification provisions that required DHHS to adopt national standards for electronic health-care transactions. At the same time, Congress recognized that advances in electronic technology could erode the privacy of health information. Consequently, Congress incorporated into HIPAA provisions that mandated adoption of federal privacy protections for certain individually identifiable health information.

A. Health Insurance Portability and Accountability Act (HIPAA)¹

The HIPAA Privacy Rule (Standards for Privacy of Individually Identifiable Health Information) provides the first national standards for protecting the privacy of health information. The Privacy Rule regulates how certain entities, called covered entities, use and disclose certain individually identifiable health information, called protected health information (PHI). PHI is individually identifiable health information that is transmitted or maintained in any form or medium (e.g., electronic, paper, or oral), but excludes certain educational records and employment records. For more information please refer to **HIPAA Privacy Rule and Public Health Guidance: CDC, US Department of Health & Human Services.**

<http://www.cdc.gov/mmwr/preview/mmwrhtml/m2e411a1.htm>

B. Family Educational Rights and Privacy Act (FERPA)²

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records

¹ HIPAA Privacy Rule and Public Health Guidance. CDC, U.S. Department of Health and Human Services
<http://www.cdc.gov/mmwr/preview/mmwrhtml/m2e411a1.htm>

² Family Educational Rights and Privacy Act (FERPA). US Department of Education
<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.

- Parents or eligible students have the right to request that a school correct record, which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
 - School officials with legitimate educational interest;
 - Other schools to which a student is transferring;
 - Specified officials for audit or evaluation purposes;
 - Appropriate parties in connection with financial aid to a student;
 - Organizations conducting certain studies for or on behalf of the school;
 - Accrediting organizations;
 - To comply with a judicial order or lawfully issued subpoena;
 - Appropriate officials in cases of health and safety emergencies; and
 - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information or technical assistance, call (202) 260-3887 (voice). Individuals who use TDD may call the Federal Information Relay Service at 1-800-877-8339. Family Policy Compliance Office; US Department of Education, 400 Maryland Ave., SW, Washington, DC 20202-4605

III. FORM USE

The Chief Medical Officer of the District of Columbia Department of Health recommends that all children have an annual comprehensive physical examination and an annual oral health examination performed by a dentist, once three years* of age or older, within the calendar year of the first day of school or enrollment in child related educational programs.

District of Columbia law requires that all children entering pre-kindergarten, kindergarten, and the 1st, 3rd, 5th, 7th, 9th, and 11th grades of public or private school in the District have a complete physical examination within 150 calendar days before the 1st day of school and furnish the school with completed child health certificate forms.

The CHC & OHA forms will be completed by parents, primary care providers and dentists, and used by childcare providers, camp counselors, after school and sport/athletic program representatives. Each group will play a significant role in ensuring that the forms are accurately completed and maintained and make it possible for the District of Columbia Department of Health to gather important health related information required for preschool, school and recreational enrollment that will assist with developing programs and policies that achieve optimal health and well being for all children of the District of Columbia.

*Children deemed at high risk should be seen by their dentist at least by 1 year of age. **See Appendix B for AAPD Caries Risk Assessment Tool.**

IV. COMPLETING THE CHILD HEALTH CERTIFICATE FORM-Appendix A

General Instructions

This is a triplicate form. Please use a black ballpoint pen when completing the form and ensure that all copies are legible. To make corrections, please use white out or cross out incorrect data and initial.

Part 1 and Part 6 must be completed by Parent/Guardian. **Parts 2, 3, 4 & 5** are to be completed by the child's primary care provider and the provider's signature and date included.

Both Parents/Guardians and Providers are asked to fully complete all appropriate sections of the form. If additional information does not fit within a specified section of the form, please complete on a separate sheet sign and date and attach to the form. Be sure to indicate which section the attached form is associated with.

THIS FORM WILL NOT BE COMPLETE WITHOUT THE APPROPRIATE SIGNATURES AND DATE.

Part 1: Child's Personal Information-To Be Completed by Parent/Guardian

Completing Part 1 from left to right: Please print clearly and complete all sections.

- **Child's Last Name**
- **Child's First, and Middle Name or Middle Initial**
- **Date of Birth:** Child's Date of Birth (mm/dd/yyyy)
- **Gender:** Child's sex (check box male or female)
- **Race/Ethnicity:** Check the appropriate box
- **Parent or Guardian Name:** Parent or Guardian's Last, First, and Middle Initial
- **Telephone 1:** Parent's home, cell, or work number area code included
- **Home Address:** Child's Street Number, Street Name, and/or Apartment Number
- **Ward:** Ward in which the child resides
- **Emergency Contact:** First and last name of person to contact in the event of an emergency
- **Telephone 2:** Emergency Contact person's home, cell, or work number
- **City/State:** City or state in which the child resides
- **Zip code:** Zip code of the city in which the child resides
- **School or child care facility:** School or child care child is enrolling/entering
- **Health Insurance:** Child's health insurance plan. If child is uninsured box should read "NONE",
- **Primary Care Provider (PCP):** Child's physician or primary health care provider. If child has no PCP box should read "NONE".

Part 2: Child's Health History, Examination and Recommendations-To be Completed by Primary Care Provider

Date of complete health exam: District of Columbia law requires that all children entering prekindergarten, kindergarten, and the 1st, 3rd, 5th, 7th, 9th, and 11th grades of public or private school in the District have a complete physical examination within 150 calendar days before the 1st day of school and furnish the school with completed child health certificate forms. **The date entered here must indicate that the child is in compliance with this mandate.**

Providers will conduct age appropriate health screenings on all patients using the EPDST guidelines and AAP *Recommendation for Preventive Pediatric Health Care (RE9939)* www.aap.org/policy/periodicity.pdf -**See Appendix A.**

- **WT:** Child's weight in either pounds (LBS) or kilograms (KG)
- **HT:** Child's height in either inches (IN) or centimeters (CM)
- **BP Checked: All children three years of age and older** must have their blood pressure checked and recorded. The health care provider will indicate whether value is normal or

abnormal. Early detection of High Blood Pressure (Hypertension) can reduce the risk of developing heart disease and stroke in adulthood.

- **HGB/HCT:** Hemoglobin (HGB) or Hematocrit (HCT) is *Required* for Head Start. This box will be used by Head Start for nutritional assessment. Anemia screens must also be conducted on menstruating females. Refer to **Appendix C** on the “**Recommendations to Prevent and Control Iron Deficiency in the United States**” *MMWR, 1998; 47 (RR-3)* www.cdc.gov/mmwr/PDF/RR/RR4703.pdf for more information.
- **HEALTH CONCERNS:** The health care provider must perform the following health screens: dental-oral health, nutrition, development, behavioral/emotional, vision, hearing, language/speech, and learning/attention. Each category under the “Health Concerns” heading should be performed as part of a comprehensive history and physical examination (typically yearly once 3 years of age) to assess for delays or abnormal findings. For any of the health screens where there are “**HEALTH CONCERNS**,” the health care provider must indicate in the check box that the proper referral has been made and/or the child is currently being treated (Rx) for the concern. Provider may note “HEALTH CONCERNS” in section A of Part 2. **NOTE:** If there are no “**HEALTH CONCERNS**” the ‘None’ box in each screen area will be checked by the Provider.

*****SPECIAL NOTE:** ‘Dental-Oral Health’ refers to the screening done by a primary care provider. This does not replace a comprehensive dental examination provided by a dentist. **Refer to Appendix B** for the Oral Health Assessment Form, which must be completed by the dentist and a guide for oral health screenings for non-dental health care providers.

- **Section A:** Health Care Provider will note any significant health history (e.g. sickle cell disease, heart disease, mental health or neurological disorders), conditions, communicable illness, or restrictions that may affect the activity or program.
- **Section B:** Health Care Provider will note any significant allergies or health conditions that may require emergency medical care at the activity or program.
- **Section C:** Health Care Provider will note any long-term medications or special care requirements or accommodations. Those medications listed here should be current, chronic or on-going medication that may affect participation in activity or program. For **medications that require administration at activity or program, health care provider will specify dosage, timing, administration instructions and common side effects of each medication.**

Athlete is cleared for competitive sports: This evaluation is based on the assessment in the *AAP Preparticipation Physical Evaluation 2nd Ed. (1997)*. **See Appendix A** or refer to <http://www.aap.org/sections/sportsmedicine/spmedeval.pdf> for more detailed information.

Part 3: Immunization Information

All areas of this section must be completed or an equivalent form attached with the physician’s/health care provider’s signature. As required by D.C. Law 3-20, “Immunization of

School Students Act of 1979” and DCMR Title 22, Chapter 1 (revised 03/21/97), the following immunizations are required. Please refer to **Appendix C**.

Part 4: Tuberculosis and Lead Exposure Risk Assessment and Testing

1) TUBERCULOSIS EXPOSURE RISKS. Health Care Provider will assess risk of ALL patients for exposure to Tuberculosis. **NOTE:** If PPD is positive, Health Care Provider will mark outcome of Chest X-Ray (CXR) and if child was treated. **All positive PPD tests must be reported to DC Bureau of T.B. Control at (202) 698-4040.** Referral of Positive PPD tests can be made to **DC Bureau of T.B. Control** for further evaluation (including Chest X-Ray) and/or treatment at no cost to caregiver. **Please call (202) 698-4040.**

Refer to Appendix C for TB risks as defined by the *AAP Tuberculin Skin Test Recommendations for Infants, Children and Adolescents in the 2003 AAP RED BOOK page 646* and Frequently Asked Questions (FAQ's) about Tuberculosis.

2) LEAD EXPOSURE RISKS. Health Care Provider will assess risk of ALL patients for exposure to lead using the *AAP Statement “Screening for Elevated Blood Lead Levels” (1998)*. Please refer to **Appendix C** for recommendations and frequently asked questions (FAQ) on lead exposure risks. Current DC regulations mandate that ALL Children have a lead test between 9 and 12 months of age and again at 24 months of age. All children between 26 months and 6 years who have not had a lead test require at least one documented lead test unless assessed as HIGH RISK OF EXPOSURE. Please document date of most recent test and result. Please indicate if “Pending”. “Pending” results will be valid for two months from date of testing and will NOT exclude child from activity or program. **NOTE: ALL lead tests must be reported to DC Lead Poisoning Prevention by Fax at: (202) 535-1398.**

Part 5: Required Provider Certification & Signature

Physician/Health Care Provider must complete this section. Provider must certify that age appropriate health screening requirements were performed within the current year. If not done, please explain. Provider must indicate, when appropriate, if medical exemption from immunizations was authorized and when exemption expires.

THIS FORM WILL NOT BE COMPLETE WITHOUT PROVIDER SIGNATURE AND DATE.

Part 6: Parent/Guardian Release of Health Information & Signature:

Parent or guardian must read and complete this section. Parental signature allows the physician/primary care provider and/or the health care facility to share the health information on the health certificate with their child's school, childcare, camp and the District of Columbia Department of Health. **The form will not be complete without parent/guardian signature and date.**

V. COMPLETING THE ORAL HEALTH CERTIFICATE FORM-Appendix B

General Instructions

This is a duplicate form. Please use a black ballpoint pen when completing the form and ensure that all copies are legible. To make corrections, please use white out or cross out incorrect data and initial.

Part 1 and Part 5 must be completed by Parent/Guardian. **Parts 2, 3 & 4** are to be completed by the dental provider and the provider's signature and date included in **Part 4**.

Both Parents/Guardians and Providers are asked to fully complete all appropriate sections of the form.

If additional information does not fit within the specified section of the form, please complete on a separate sheet, sign and date and attach to the form. Be sure to indicate which section the attached form is associated with.

Part 1: Child's Personal Information-To be Completed by Parent/Guardian

Completing **Part 1** from left to right: Please print clearly and complete all sections.

Child's Last Name

- **Child's First, and Middle Name or Initial**
- **Date of Birth:** Child's Date of Birth (mm/dd/yyyy).
- **Gender:** Child's sex (check box male or female).
- **School or child care facility:** School or child care child is enrolling/entering.
- **Parent or Guardian Name:** Parent or Guardian's Last, First, and Middle Initial.
- **Telephone 1:** Parent's home, cell, or work number area code included.
- **Home Address:** Child's Street Number, Street Name, and/or Apartment Number.
- **Ward:** Ward in which the child resides.
- **Emergency Contact:** First and last name of person to contact in the event of an emergency.
- **Telephone 2:** Emergency Contact person's home, cell, or work number.
- **City/State:** City or state in which the child resides.
- **Zip code:** Zip code of the city in which the child resides.
- **Race/Ethnicity:** Check the appropriate box child
- **Primary Care Provider (PCP):** Child's physician or primary health care provider.
If child has no PCP box should read "NONE".
- **Dentist/Dental Provider:** Name of Child's Dentist/Dental Provider. If None, please write none.

- **Health Insurance:** Child's health insurance plan. If child is uninsured box should read "NONE".

Part 2: Child's Clinical Examination-To Be Completed by Dentist

Please complete all components of this section carefully using the **Universal Tooth Numbering System and the Key provided. Please use key to document all findings on line next to each tooth on the Oral Health Assessment Form.**

If a portion of an existing restoration is defective or has an adjacent recurrent decay, but part of the restoration is intact, the tooth should be classified as a decayed tooth. (e.g. If tooth J has a restoration but the mesial aspect has decay then tooth J is recorded as **1D**.)

"UE" in the key box does not apply to a missing primary tooth when a permanent tooth is in a normal eruption pattern.

- **Date of complete health exam:** The Chief Health Officer of the District of Columbia Department of Health recommends that all children three years* of age and older, must be examined annually by a dental health provider. **The date entered here must indicate that the child is in compliance with this recommendation.**

*Children deemed at high risk should be seen by their dentist at least by 1 year of age. **See Appendix B for AAPD Caries Risk Assessment Tool.**

Part 3: Clinical Findings & Recommendations-To Be Completed by Dentist

Please document and describe child's clinical findings.

Circle **Yes** or **No** if indicator Code (1-5) applies. For **Yes**, please explain in the Comments Section.

- 1** - Advance periodontal conditions (pockets etc., will be under gingival inflammation).
- 1** - Gingival inflammation adjacent to an erupting tooth is **not** noted.
- 1** - Inflammation adjacent to orthodontically banded teeth or a dental appliance – whether fixed or removable is noted.
- 2** - Indicate if there is sub and/or supra gingival plaque and or calculus and areas where present.
- 3** - All gingival tissues must be free of inflammation e.g. gingiva is pale pink in color and firm in texture for a finding of '**NO**' to be recorded.
- 3** - Frenum attachments labial, sublingual, etc., will be noted under the Abnormal Gingival Attachment if they are the cause of a specific problem- e.g., spacing of central incisors, speech impediment, etc.
- 4** - Status of orthodontic condition should be noted under the Malocclusion. Classification of occlusion is either: Class I, Class II, Class III, an overbite, over jet, cross-bite or end to end.
- 5** - Other is to be used, together with comments, for conditions not applicable under any existing Indicator Code such as cleft lip/palate.
 - Indicate whether oral health preventive services such as prophylaxis, sealant and or fluoride treatment have been administered.

Part 4. Final Evaluation & Dental Provider Signature- *This form will not be complete without Dentist's signature and date.*

Please document whether the child has been appropriately examined and if treatment is complete. If treatment is incomplete refer patient for follow up care and indicate name of provider or clinic patient referred to. Please call the District of Columbia Department of Health Oral Health Program for a listing of recommended public and private Dental Providers at **(202) 442-9348**.

Part 5. Required Parent/Guardian Signatures. *This form will not be complete without Parent or Guardian signature & date.*

- Print Name: First, Middle Initial and Last Name
- Address: Provider's Street Number, Street Name, and/or Suite Number, City, State, and Zip Code
- Phone: Area code and telephone number

Parent/Guardian Release of Health Information: Parent or guardian must complete this section. Parental signature gives the Dental Provider or health care facility permission to share the health information on the form with their child's school, childcare, camp and the District of Columbia Department of Health or other public health and education agencies that have a legitimate interest in the well being of children of the District of Columbia.

VI. CONCLUSION

The District of Columbia Department of Health will continue to work collaboratively with public and private agencies and community organizations to ensure that all children in the District of Columbia, from birth through twenty-one years of age, receive comprehensive, age-appropriate preventive care that promotes good health and well being and maximizes school readiness and every child's ability to learn.

Questions about the Child Health Certificate Form should be directed to the DC Department of Health Maternal & Family Health Administration at (202) 442-5925.

Questions about the Oral Health Assessment Form should be directed to the DC Department of Health Oral Health Program at (202) 442- 9348.

Appendix A

Appendix B

Appendix C

